

Senior Living Coordinating Unit Annual Report

January 2008

Pursuant to Iowa Code section 231.58(4)(g)

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231.58 SENIOR LIVING COORDINATING UNIT.

1. A senior living coordinating unit is created within the department of elder affairs. The membership of the coordinating unit consists of:

- a. The director of human services.
- b. The director of the department of elder affairs.
- c. The director of public health.
- d. The director of the department of inspections and appeals.

e. Two members appointed by the governor.
f. Four members of the general assembly, as ex officio, nonvoting members.

2. The legislative members of the unit shall be appointed by the majority leader of the senate, after consultation with the president of the senate and the minority leader of the senate, and by the speaker of the house, after consultation with the majority leader and the minority leader of the house of representatives.

3. Nonlegislative members shall receive actual expenses incurred while serving in their official capacity and may also be eligible to receive compensation as provided in section 7E.6. Legislative members shall receive compensation pursuant to section 2.12.

4. The senior living coordinating unit shall:

a. Develop, for legislative review, the mechanisms and procedures necessary to implement a case-managed system of long-term care based on a uniform comprehensive assessment tool.

b. Develop common intake and release procedures for the purpose of determining eligibility at one point of intake and determining eligibility for programs administered by the departments of human services, public health, and elder affairs, such as the medical assistance program, federal food stamp program, homemaker-home health aide programs, and the case management program for frail elders administered by the department of elder affairs.

c. Develop common definitions for long-term care services.

d. Develop procedures for coordination at the local and state level among the providers of long-term care.

e. Prepare a long-range plan for the provision of long-term care services within the state.

f. Propose rules and procedures for the development of a comprehensive long-term care system.

g. Submit a report of its activities to the governor and general assembly on January 15 of each year.

h. Provide direction and oversight for disbursement of moneys from the senior living trust fund created in section 249H.4.

i. Consult with the state universities and other institutions with expertise in the area of elder issues and the long-term care continua.

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Senior Living Coordinating Unit

Voting Members

Name	Department	Address	Phone
Director John McCalley john.mccalley@iowa.gov	Elder Affairs	Parker Building 510 E 12th Street Des Moines, IA 50319	515-725-3301
Director Kevin Concannon kconcan@dhs.state.ia.us	Human Services	Hoover Building 1305 E Walnut St Des Moines, IA 50319	515-281-5452
Director Tom Newton tnewton@idph.state.ia.us	Public Health	Lucas Building 321 E 12th St Des Moines, IA 50319	515-281-4355
Director Dean Lerner dean.lerner@dia.state.ia.us	Inspections & Appeals	Lucas Building 321 E 12th St Des Moines, IA 50319	515-281-6405
Kumsan Song kumsan@earthlink.net	Citizen Representative	2345 Park Avenue Des Moines, IA 50321	515-222-4444
Robert Welsh welshbob@aol.com	Citizen Representative	84 Penfro Drive Iowa City, IA 52246	319-354-4618

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Non-Voting Members (Legislators)

Name	Address	Phone
Sen. Amanda Ragan amanda.ragan@legis.state.ia.us	20 Granite Court Mason City, IA 50401	641-424-0874
Sen. Nancy Boettger nancy.boettger@legis.state.ia.us	926 Ironwood Road Harlan, IA 51537	712-744-3290
Rep. David Heaton dave.heaton@legis.state.ia.us	510 East Washington Mt. Pleasant, IA 52641	319-385-9342
Rep. Bob Kressig bob.kressig@legis.state.ia.us	3523 Veralta Drive Cedar Falls, IA 50613	319-266-9021

INTRODUCTION

In recent years, the Senior Living Coordinating Unit has chosen to focus on developing a long-range plan for long-term care for the State of Iowa. That report was finalized and approved by the Unit in the fall of 2005, although discussion about its content continued through 2006.

The election of Governor Culver and Lt. Governor Judge led to a substantial change in the membership of the Unit. Three new department directors – at Public Health, Inspections and Appeals, and at Elder Affairs -- were appointed by the Governor in February 2007 and approved by the Senate March. This transition provided the opportunity to review and refocus the Unit's duties.

This report discusses the activities of the Unit through 2007 and provides a forecast of the Unit's intended action in 2008.

SLCU DUTIES REVIEW AND PRIORITIZATION

The scope of the Unit is very broad; however the formal authority of the Unit is quite narrow. On page three of this report is a list of the Unit's duties (4a-i). These became the subject of review by an ad-hoc committee consisting of Bob Welsh, Director Lerner and Director McCalley. The ad-hoc committee recommended and the Unit approved the following areas upon which the Unit will place primary emphasis during 2007 and beyond:

A) 231.58.4 e.) Prepare a long-range plan for the provision of long-term care service within the state;

“We recognize the need to update and implement this plan, and recommend that this be one of our major tasks this year. A summary of some steps that SLCU might take are:

- 1) Having the four departments utilize the tracking matrix. This might lead to making changes in the plan.
- 2) Having the partners utilize the tracking matrix, maybe with slightly different headings. This also might lead to making changes in the plan. We need to determine how best to form and strengthen partnerships.
- 3) Update several sections of the Long-Range Plan for Long-Term Care, including but not limited to the demographic profiles, public policy changes, and progress made toward the benchmark in the Long-Range Plan.”

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B) 231.58.4 g.) Submit a report of its activities to the governor and general assembly on January 15 of each year;

“The annual report should include an assessment of the progress made in relation to the long-range plan.”

C) 231.58.4 h.) Provide direction and oversight for disbursement of moneys from the senior living trust fund created in section 249H.4;

“This might involve:

- 1) Reviewing the history of the Senior Living Trust Fund.
- 2) Discussing the best use of the Senior Living Trust funds and make such recommendations as it deems wise,
- 3) Reviewing Iowa Code 249H and, if deemed wise to recommend ways to update the Code.”

As the Coordinating Unit moves forward, members will further clarify these focus areas. One of the important unresolved questions is: What does coordination look like? Clearly, it involves dialogue, talking with one another, joint planning, identifying gaps, and avoiding duplication. However, within the auspices of State business, this is a matter that warrants continued vigilance.

PROGRESS TO DATE

Steps taken in 2007 on the three main priorities included a) the development of a matrix to track progress the State is making on the Long-Range Plan for Long-Term Care, and, b) developing an interdepartmental comparison tool on selected services for older adults provided through the Departments of Human Service, Public Health and Elder Affairs.

A) Long-Range Plan for Long-Term Care Tracking Matrix

The tracking matrix contains data contributions from the Departments of Human Services, Public Health, Inspections and Appeals, Iowa Insurance Division, and Elder Affairs. It also contains contributions from the Iowa Caregivers Association and the Iowa Association of Area Agencies on Aging. In 2008, the matrix will receive updates from the state agencies and stakeholder groups. This information will be used to identify gaps in activities as compared to the Long Range Plan goals and assist the Unit with formulating recommendations to the 83rd General Assembly.

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*Progress Report:
Tracking steps taken to implement recommendations made in the
Long-Range Plan for Long-Term Care*

Objective:	Strategy in Progress:	Nongovernmental strategies:	Current Status:	Next Step:	Comments:
A. Develop a Comprehensive Educational Program	<p>A1) Promote good health through Healthy Links; Chronic Disease Management – CMS grants to DEA and DPH.</p> <p>DHS Medicaid to begin coverage of annual physicals for all members</p> <p>A3) Launch “Own Your Future”.</p> <p>A4) LTCI policies that meet core standards.</p> <p>A5) Dvlp public guardianship, subst. decision-maker pgm</p> <p>A7) Enlist physicians, med. Instit. in planning for future LTC thru ADRC continuation grant awarded to DEA in Aug. '07.</p>	IDPH: Long Range Plan II-A-1 Promoting good health, stressing that the time to pay attention to physical exercise, good nutrition and healthy habits is now.	<p>A1) First round of train-the-trainer in progress as of 9/21/07 in chronic disease mngmnt grant</p> <p>DHS A1) implemented July 1, 2007</p> <p>A3) DEA & IID are preparing grant prop due Oct 1, '07.</p> <p>A4) core standards under consideration by IID w/other rec. of the IID report to Gov. Culver 9/17/07.</p> <p>A5) DEA formed office of Subst. Dec. Making in '05; legis approp. \$250 k in FY08.</p> <p>A7) ADRC advisory cmte & staff developing implementation plan.</p>	<p>A3) Implement strat. if/when grant is awarded.</p> <p>A4) Translate recs into legis. proposals if/when approved.</p> <p>A5) Hire Subst. Dec. Maker pgm coord.</p> <p>A7) Roll out implem. plan in begin enhancements to www.lifelonglinks.org.</p> <p>IDPH: Action Plan (short range) a) Provide leadership in efforts to strengthen partnerships at both the state and local levels to maximize resources, reduce fragmentation and duplication, and expand health promotion programming.</p> <p>IDPH: b) Integration of programming within IDPH to reduce fragmentation and duplication; i.e. health promotion, chronic disease, oral health, tobacco.</p>	<p>A5) Interview underway as of 9/21/07; pgm funding fell \$385 k short of requested budget.</p> <p>IDPH: From the document A Long Range Plan for Long Term Care In Iowa; Plan for Implementing Section II-A-1; II-B; II-C-4 prepared by the IDPH. This was based upon a template by Bob Welsh for reporting progress to the SLCU in spring of 2007. (Attachment B)</p>

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			IDPH: See Inventory of Services to Older Iowans thru IDPH (Attachment A)	IDPH: Action Plan (long range) a) <i>Redesigning Public Health in Iowa</i> - Implementation of local and state public health standards IDPH: b) Utilize the Plan as a document to provide direction to the department insofar as the development of <i>Healthy Iowans 2020</i> and future strategic plans and agency performance plans.	
B. Develop Strategies for Healthy Aging	See A1) DHS: B1) Maximize value of the Medicaid program to members by establishment of best practices benchmarks and improvement measurement. DHS B2) Development of Consumer Choices Options in HCBS Waivers	IDPH: Long Range Plan II-B 1. Improving the overall health and well being of older Iowans. 2. Increasing the emphasis on providing services that contribute towards extending independent lifestyles and healthy aging. 3. Promoting the use of community-based prevention programs. This includes but is not limited to health screenings and assessments, home safety evaluations, adult immunizations such as Flu and	DHS B1) workgroup in process DHS B2) Available Statewide July 1, 2007	IDPH: Action Plan (short range) a) Provide leadership in building capacity of local boards of health and local public health agencies to assess the needs of their communities and assure services that meet the health of their communities including those impacting older Iowans. IDPH: b) Develop strategic plan for the Office of Multicultural Health. Plan will address health care needs of diverse populations, diversity of workforce, and other issues that impact delivery of	

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		<p>Pneumonia, education classes on health topics, physical activity programs, and referrals for early interventions as appropriate.</p> <p>4. Partnering with Primary Care Providers to provide chronic care management to assist older Iowans in managing their chronic disease process.</p> <p>5. Linking older Iowans with needed health services as appropriate.</p>		<p>health care to older Iowans.</p> <p>IDPH: c) Pending additional appropriations, expand “Senior Smiles” throughout the state to address oral health needs of older Iowans (FY08 Budget Offer). Provide consultation and resources to the assessment of oral health needs of older Iowans as part of the Medicaid program in Iowa.</p> <p>IDPH: d) Implement the programming funded through the AoA grant.</p> <p>IDPH: e) Continue to evaluate current programming to identify areas for improvement, expansion so as to better address the needs of older Iowans.</p> <p>IDPH: Action Plan (long range)</p> <p>a) Continue to assess opportunities for additional resources/funding to address healthy aging programming and direct these funds to the local level for program implementation.</p> <p>IDPH: b) Provide</p>	
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				<p>leadership to environmental changes that affect the quality of life of older Iowans.</p> <p>IDPH: c) Provide leadership to continuing efforts to address the mental health needs of older Iowans.</p>	
<p>C. Develop Extensive Network of Services and Providers Home & Supportive Housing</p> <ul style="list-style-type: none"> • Home and Community-Based Services • Caregivers • Direct Care Workers 	<p>2j - Enhancing the capacity of the mental health service system to respond to the needs of older adults</p> <p>2d. DEA has applied for Real Choices and Nursing Home Diversion Modernization grants with CMS/AoA.</p> <p>4i – Expanding the Iowa Nurse Aide registry to include other direct care workers and personal assistance</p> <p>DHS C1a) See B2 above</p> <p>DHS C1c) Funding for home modification available in several HCBS waivers</p> <p>DHS C2e) Iowa awarded MFP grant targeted to transition of Medicaid-eligible members from ICF/MRs to</p>	<p>IDPH: Long Range Plan II-C-4</p> <p>b) Enhancing training and education, including expanding the training slots for nurses and paraprofessionals, promoting registered apprenticeships to paraprofessional occupations.</p> <p>c) Forgivable loan programs for professionals who stay in Iowa.</p> <p>e) Investigating and implementing strategies that improve the recruitment and retention of staff employed in the range of long-term care professions. This would include addressing inadequate wages and benefits, training and on-the-job support which are the</p>	<p>4. ICGA - Promote the issues of caregiving and the direct care workforce with Presidential Candidates.</p> <p>Seek a collaboration with the Rosalynn Carter Institute for CareGiving</p> <p>Continue the work of the Direct Care Worker Task Force (funding Included in HF 909) to enhance Education and training of DCW's and to create a Governance unit in the DPH to oversee credentialing and other issues</p> <p>Work with DMACC and Iowa Workforce Development to insure that DCW's are</p>	<p>2j - Submit policy and budget changes recommendations to the Governor</p> <p>2d. Dvlp implementation plan if/when awarded grants.</p> <p>4i – Determine if any additional human and financial resources are necessary for operation of the expanded Registry</p> <p>DHS C2g) Upon federal approval, begin reviewing requests submitted</p> <p>DHS C3f) Comments will be addressed when rules are noticed</p> <p>2j - DIA, DHS, and other stakeholders are working together to identify gaps in the current system and develop ideas and recommendations to address the gaps</p> <p>2d. Awaiting decision on grants.</p>	<p>DHS C4j) Registry still only tracks CNA's; functionality has been built, but not yet expanded. Funding needed?</p> <p>DHS C3f) Documentation on Forms will be sent Out to each CDAC Provider.</p> <p>DHS C4h) States have implemented case mix in NF's. NO state has done this in ICF/MR due to the complexity.</p>

	<p>community living</p> <p>DHS C2g) House File 911, section 39, which authorized funding to NFs for the cost of renovation or Construction for the purpose of rectifying a violation of life safety code or development of HCBS waiver services</p> <p>C3f) Rules are in process to clarify documentation for all HCBS providers. A specific form will be required of all CDAC providers</p> <p>C4h) IME is in process of determining if case mix can be implemented for payment in an ICF/MR.</p>	<p>fundamental causes of the direct care worker shortage.</p>	<p>included in their Health Care recruitment and retention efforts Participate in DEA's dementia training initiative along with the Alzheimers Association to provide training for direct care workers</p> <p>Expand the Direct Care Worker Registry</p> <p>Expand the Direct Care Worker Leadership Program in order to enhance the communication and problem solving skills of DCW's and to foster personal and professional growth</p> <p>Expand participation in what was the Better Jobs Better Care Coalition (grant ended June of 2007) and share legislative and policy initiatives that could be</p> <p>AAA: Maintains staff person dedicated to counseling caregivers and to provide</p>	<p>4i – The Nurse Aide Registry has been revamped & renamed the Direct Care Worker Registry in readiness for the expansion of additional categories of direct care workers</p> <p>DHS C1a) Available For members</p> <p>DHS C2e) Oversight Committee and sub-Committee meetings Currently in progress.</p> <p>DHS C2g) Rules and SPA has been submitted</p> <p>IDPH: Action Plan (short range)</p> <p>a) Revision of administrative rules for local public health services to provide greater flexibility in addressing promotion of healthy behaviors as well as continuing to provide needed home/community-based services. Proposed rules incorporate some of the recommendations of the Direct Care Worker Task Force; i.e. classifications, education.</p> <p>IDPH: b) Continue to address the issues surrounding health</p>	
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			<p>funds for services most needed by individual caregivers to assist in keeping frail elders at home.</p>	<p>care workforce and the implications of an aging population. As directed by the General Assembly, implement strategies that are recommended by the Direct Care Worker Task Force.</p> <p>IDPH: Action Plan (long range)</p> <p>a) Enhance the capacity of the Office for Healthy Communities, Office of Multicultural Health, and Center for Health Care Workforce to address strategies/actions outlined in the lan.</p> <p>b) Develop a compendium of innovative approaches to collaboration and creative health-promoting activities that result from partnerships between local public health agencies, area agencies on aging, and other organizations.</p>	
<p>D. Develop Strategies to Strengthen the Network</p> <ul style="list-style-type: none"> • Quality Care and • Safety Employment and Meaningful 	<p>1a – Monitoring all programs and facilities to assure that persons in the long-term care systems are receiving quality care.</p> <p>1b – Making available</p>		<p>1a – Review of data, processes, statutory and rule language to identify any policy and budget changes needed to ensure that the health, safety and welfare of</p>	<p>1a - Submit policy and budget changes recommendations to he Governor and legislature and implement other structural and process improvements to fully accomplish the Strategy</p>	<p>1a – This is an ongoing effort</p>

<p>Activities</p> <ul style="list-style-type: none"> • Innovation • Partnership 	<p>information about certification reports, monitoring visits, complaint investigations, and other information valuable to the consumer by websites and/or written reports</p> <p>1c – Encouraging all segments of the long-term care system in Iowa to study and implement “best practices”.</p> <p>1c. Conduct Alz. Dis.Demon. Grant (ADDG) study on avail. and barriers to ADS.</p> <p>1e – Adopting policies & legislation designed to increase the safety of individuals experiencing abuse, neglect, or exploitation. The legislation would include enhanced criminal penalties for violations against individuals aged 60 or over and disabled adults of any age</p> <p>3b – Examining all rules and exceptions to rules to make sure they are not barriers to</p>		<p>consumers is protected through consistent periodic monitoring of facilities and programs and complaints are investigated timely</p> <p>1b – Final findings of inspections and complaint investigations are available to the public on DIA’s Report Card website, in hard copy from DIA or are posted at each facility/program. In addition, DIA’s website has Hot Notices regarding key information of special agency news</p> <p>1c – There is a navigation bar on the DIA’s Health Facilities Division website specifically for “Best Practices” of health care facilities. In addition, quality award winners share their best practices with others at</p>	<p>1b – Continue to enhance the DIA website with information of interest to consumers and the general public</p> <p>1c – DIA will continue to look for ways to encourage sharing of best practices through various communication methods, such as DIA’s newsletter, “<i>Insight</i>”</p> <p>1c. Roll out ADDG grant study at next SLCU (11/16/07) & discuss recommendations.</p> <p>1e – Make any policy recommendations to the Governor and the legislature to further protect dependent adults</p> <p>3b – DIA will continue to work with stakeholders in identifying and minimizing or eliminating regulatory barriers to the provision of innovative long-term care services. 3e. Dvlp implement. plan if/when awarded authority to move ahead.</p> <p>DHS D1a) continued</p>	
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	<p>providing quality imaginative services.</p> <p>3e. Pursue PACE pjct in Siouxland (DHS, w/DEA support).</p> <p>DHS D1a) QA/QI program ensuring Medical necessity and quality of care For the services being provided</p> <p>DHS D1a) HCBS rules and QA process Are being redefined based on the CMS Quality matrix.</p> <p>DHS D3a) Accountability Measure Program for nursing facilities.</p> <p>DHS D3e) Developing rural PACE Project with Siouxland PACE</p>		<p>industry conferences and at the DIA annual provider/survey or training.</p> <p>1c. ADDG study completed.</p> <p>1e – DIA is working with DHS and other stakeholders to identify possible improvements to Iowa Code chapter 235B as it relates to health care facilities, assisted living, hospitals, and other long-term care providers</p> <p>3b – DIA worked with stakeholders to identify and eliminate regulatory barriers to person-directed care environments.</p> <p>3e. Application to CMS in progress as of 9/21/07.</p> <p>DHS D1a) implemented 10/1/2006</p> <p>DHS D3a) Workgroup</p>	<p>Education, if needed, Regarding adequate documentation for each member's record</p> <p>DHS D1a) The HCBS QA process is being piloted by HCBS providers.</p> <p>DHS D3a) Recommended identified modifications to current program</p> <p>DHS D3e) Planning continues for implementation, including SPA billing and payment systems, provider manual, rules and preparing for state Readiness Review.</p>	
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			<p>Currently evaluating Program, with 5 years of data available</p> <p>DHS D3e) Iowa Medicaid has submitted A PACE provider application to CMS in coordination with Siouxland PACE.</p> <p>AAA: The I4A maintains a statewide database, by county, of services available for older Iowans in cooperation with ADRC, Life Long Links, and 211.</p>		
E. Provide Persons with an Accurate Assessment	DHS E) Ensure accuracy of Medicaid Level of care certifications		DHS E) IME implemented a process for licensed professionals to certify the need for level of care for members requesting services in facilities (NF and ICF/MR) and HCBS programs (EW, IH, AIDS, PD) And to ensure ordered by a medical professional	DHS E) Continue to Monitor effectiveness	
F. Provide Persons with Information to Enable Them to Make Informed Choices	<p>See A1) & A)7.</p> <p>F1) ADRC enhancement and promotion (DEA).</p> <p>DHS F2) See B2</p>		F1) ADRC's LLL web site linked to Seamless & case mngment; paid ad campaign eval. underway	F1) Apply additional technical enhancements; develop and launch next flight of paid & "earned media" promotional camp.	

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	above		by ISU Ext. AAA: Accomplished through the Information & Assistance prgm, I4A website, Family Caregiver Support prgm, AAA database (ESP).	of LLL website.	
G. Provide Persons with Needed Support	DHS G) Medicaid requirement that all Individuals accessing an HCBS waiver program have a case manager assigned to assist with coordination of care and services.		DHS G) All HCBS waiver participants currently have case management services, based on the program or diagnosis of the participant.		

B) Selective Services Report

The Senior Living Coordinating Unit attempted for the first time ever to develop a system of reporting services delivered to older Iowans among three departments – Human Service, Public Health, and Elder Affairs – in an effort to view a more complete picture of how well the State is meeting the needs of people who want to remain independent as they age. This continues to be a complicated project, since services delivered through programs in different departments are not precisely the same as defined by State and Federal code, as well as funding requirements imposed by the Iowa General Assembly and US Congress. These are the comparative data developed to date.

SLCU - Selective Services Report for Services for Elderly Iowans

Department of IDPH

Report Period: 1st Quarter
SFY'08Top 10 DEA Unmet Needs-Services
by Total Expenditures# of
IndividualsState \$Other \$

Homemaker	1,948	\$1,178,672	\$0
Visiting	0	\$0	\$0
Health-Well Elderly Clinics	3,164	\$36,474	\$0
Chore	124	\$27,493	\$0
Transportation	0	\$0	\$0
Respite	0	\$0	\$0
Adult Day Care	0	\$0	\$0
Emergency Response Systems	0	\$0	\$0
Personal Care	984	\$475,310	\$0
Home Delivered Meals	0	\$0	\$0
Totals	NA	\$1,717,949	\$0

Notes:

Age of individuals served is 65+.

of Individuals is representative of an unduplicated number of consumers served by the LPHS contract with the exception of Health-Well Elderly Clinics.

Health-Well Elderly Clinics is a duplicated number. Health-Well Elderly Clinics is defined as Screening and Assessment which includes testing for health conditions of primarily "well" populations to identify potential health risks or problems.

State \$ is representative of Local Public Health Services Contract Appropriations.

Disclaimer: Additional Elderly Wellness appropriations supported services for Elderly Iowans; i.e. Nursing (Skilled Nursing, Health Maintenance and Health Promotion), Foot Care Clinics, Immunizations, and Case Management.

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SLCU - Selective Services Report for Services for Elderly Iowans

Department of **DEA**

Report Period: **1st Quarter**
SFY'08

Top 10 DEA Unmet Needs-Services by Total Expenditures	# of Individuals	State \$	Other \$	
Homemaker	884	\$187,402	\$80,315	-
Visiting	234	\$3,451	\$19,643	
Health-Well Elderly Clinics	455	\$9,659	\$16,514	
Chore	494	\$57,095	\$25,976	
Transportation	4,989	\$22,126	\$368,115	
Respite	119	\$17,289	\$9,590	
Adult Day Care	315	\$77,592	\$259,521	
Emergency Response Systems	622	\$53,047	\$192	
Personal Care	191	\$50,368	\$30,675	
Home Delivered Meals	8,305	\$121,994	\$2,186,460	
Totals	NA	\$600,023	\$2,997,001	

Notes:

Age of individuals is 60+

of Individuals is representative of unduplicated consumers served by the AAAs (based on client registration), with the exception of Transportation, Health-Well Elderly Clinics and Visiting.

State \$ is representative of General Funds-Elderly Services funding and Senior Living Trust -Senior Living Program funding expended by AAAs and their provider network.

Other \$ is representative of federal Older Americans Act and other cash resources expended at the AAA level.

GRANT UPDATE

- DEA was successful in receiving the Aging and Disability Resource Center Grant (ADRC) Lifelong Links continuation grant for \$200,000. This grant will extend the original grant thru September, 2008. The Governor highlighted this grant at the Capitol for a Day in Emmetsburg two weeks ago.

- DEA applied for a Nursing Home Diversion Modernization Grant for \$400,000 over 18 months to be used to help make the healthcare providers better partners and move methodology to make better education healthcare options. This grant application was denied.

- DEA applied for a Real Choices Grant of \$500,000 over three years. This requires a 5% match. The department was awarded this grant.

- DEA was going to submit an application for a second Alzheimer's Disease application grant, but local funding had difficulty getting the required match funding; therefore the department is not going forward with that application.

- **Medicaid Infrastructure Grant (MIG)** - Federal grant to increase employment opportunities for people with disabilities. Focus of the grant is to enhance the Medicaid "infrastructure" to support people who are working, or want to work. Partner with several state agencies (IWD, VR, Dept of Ed) to implement various areas of activity, such as asset building, self-employment opportunities and employment aspects of the HCBS Consumer Choices Option.

- **Money Follows the Person (MFP)** - Federal grant with project focus to build supports and service systems to enable individuals to move from ICF/MR to community living. State receives enhanced FFP for limited time to fund services. Also state appropriation to support efforts.

- **Robert Wood Johnson Grant (RWJ)** - Grant funding used to develop Consumer Choices Options for the HCBS waiver programs. This option allows consumers to be creative in developing the supports needed to live in the community. Became available statewide July 1, 2007 and currently has 240 consumers accessing this option.

- **Real Choices System Transformation Grants** - Several subgroups working on various aspects of this grant:

1. Web-based system development to allow members to apply for Medicaid electronically (patterned after the system already in place for food stamps).
2. Develop process to work with hospital discharge planners.
3. Several workgroups aligned to work with MFP coordination
4. ICF/MR case-mix reimbursement development
5. Working toward full deployment of electronic medical records initiative

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SENIOR LIVING TRUST FUND UPDATE

The Senior Living Trust Fund continues to be a significant source of revenue to fund the Senior Living Program (SLP), Medical Assistance, and the Rent Subsidy Program. The General Assembly has appropriate over \$183 million of the \$300 million it previously committed to repay from previous years' diversions of Trust Fund balances to shore-up the Medical Assistance program during the downturn in the economy as well as manage inflationary pressures on that program. Demand on services provided under the SLP and Medicaid will out-strip the Trust Fund by SFY 2010. During the 83rd General Assembly, legislators will have to decide how to fund critical home and community-base service directly from the General Fund in order to avoid cuts to long-standing programs for older adults, whether or not the SLTF continues to exist.

SENIOR LIVING TRUST FUND

Fiscal Services Division, Legislative Services Agency

	Actual FY 2001	Actual FY 2002	Actual FY 2003	Actual FY 2004	Actual FY 2005	Actual FY 2006	Actual FY 2007	Estimated FY 2008	Gov Rec FY 2009
Revenues									
Beginning Balance	\$ 0	\$ 60,891,949	\$ 127,046,631	\$ 366,831,372	\$ 285,736,450	\$ 152,571,703	\$ 57,679,053	\$ 77,942,157	\$ 76,143,443
Intergovernmental Transfer	95,621,331	129,880,808	120,587,491	52,876,607	5,453,818	0	0	0	0
Intergovernmental Transfer (Hospital Trust Fund)	0	13,203,977	0	0	0	0	0	0	0
Medicaid Transfer	0	5,964,781	28,039,039	0	6,881,932	10,625,889	11,961,321	0	0
General Fund Transfer	0	0	0	0	0	0	49,900,000	53,500,000	0
Economic Emergency Fund Transfer	0	0	0	0	0	0	6,284,233	18,900,000	0
Endowment - Taxable Bonds	0	0	0	0	0	0	25,000,000	0	0
Pending Fund Transfer	0	0	169,484,518	0	0	0	0	0	0
Interest	3,807,946	4,408,806	6,358,599	7,297,465	6,111,150	4,975,527	3,563,635	3,178,232	1,713,227
Total Revenues	\$ 99,429,277	\$ 214,350,321	\$ 451,516,278	\$ 427,005,444	\$ 304,183,350	\$ 168,173,119	\$ 154,388,242	\$ 153,520,389	\$ 77,856,670
Repayments (amounts highlighted above)									
					\$ 6,881,932	\$ 10,625,889	\$ 93,145,554	\$ 72,400,000	\$ 0
Cumulative Repayments (Total required = \$300.0 million)					\$ 6,881,932	\$ 17,507,821	\$ 110,653,375	\$ 183,053,375	\$ 183,053,375
Expenditures									
IFA - Rent Subsidy Program	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 647,314	\$ 632,844	\$ 700,000	\$ 700,000
DHS Grants and Services									
NF Conversion Grants/LTC HCBS Funds	\$ 454,258	\$ 7,939,565	\$ 1,791,701	580,780	\$ 9,822,856	\$ 1,081,401	\$ 1,951,598	\$ 0	\$ 0
NF Conversion Grant Carry Forward	0	0	0	0	0	0	0	2,050,936	0
Rent Subsidy Program	0	75,552	283,817	529,153	686,787	0	0	0	0
Medicaid HCBS Elderly Waiver	0	710,000	710,000	710,000	710,000	710,000	0	0	0
NF Case Mix Methodology	33,650,000	24,750,000	29,950,000	29,950,000	29,950,000	29,950,000	0	0	0
NF Case Mix Methodology	0	48,500,000	45,465,000	101,600,000	101,600,000	69,000,490	65,000,000	65,000,000	65,000,000
Medicaid Supplement	341,792	7,050	0	0	0	109,064	0	0	0
DHS Administration & Contracts	\$ 34,446,050	\$ 81,982,167	\$ 78,200,518	\$ 133,369,933	\$ 142,769,643	\$ 100,850,955	\$ 66,951,598	\$ 67,050,936	\$ 65,000,000
DHS Total	\$ 34,446,050	\$ 81,982,167	\$ 78,200,518	\$ 133,369,933	\$ 142,769,643	\$ 100,850,955	\$ 66,951,598	\$ 67,050,936	\$ 65,000,000
Medicaid Subtotal	\$ 33,650,000	\$ 73,960,000	\$ 76,125,000	\$ 132,260,000	\$ 134,260,000	\$ 99,769,554	\$ 65,000,000	\$ 65,000,000	\$ 65,000,000
DEA Service Delivery									
Senior Living Program	\$ 3,798,109	\$ 4,897,625	\$ 5,987,285	\$ 6,965,460	\$ 7,638,917	\$ 7,639,054	\$ 7,395,928	\$ 7,725,609	\$ 7,725,609
Administration & Contracts	293,169	423,898	497,103	523,657	523,657	598,269	717,098	717,098	717,098
DEA Total	\$ 4,091,278	\$ 5,321,523	\$ 6,484,388	\$ 7,489,117	\$ 8,162,574	\$ 8,237,323	\$ 8,113,026	\$ 8,442,707	\$ 8,442,707
DIA - Asst'd. Living & Adult Day Care Oversight	\$ 0	\$ 0	\$ 0	\$ 409,944	\$ 679,430	\$ 758,474	\$ 748,617	\$ 1,183,303	\$ 1,183,303
Total Expenditures	\$ 38,537,328	\$ 87,303,690	\$ 84,684,906	\$ 141,268,994	\$ 151,611,647	\$ 110,494,066	\$ 76,446,085	\$ 77,376,946	\$ 75,326,010
Ending Trust Fund Value	\$ 60,891,949	\$ 127,046,631	\$ 366,831,372	\$ 285,736,450	\$ 152,571,703	\$ 57,679,053	\$ 77,942,157	\$ 76,143,443	\$ 2,530,660

NOTE: Under the Governor's recommendation, per statute, the Fund will receive a transfer of half of the General Fund ending balance at the end of FY 2009. This currently projected to be \$42.8 million. In addition, the Department of Management is estimating interest earned on the fund during FY 2010 will equal \$780,000. This will make the total available for FY 2010 of approximately \$46.1 million.

KEY: NF = Nursing Facility; LTC = Long Term Care; DEA = Dept of Elder Affairs; IFA = Iowa Finance Authority; DIA = Dept of Inspections and Appeals; HCBS = Home and Community-Based Services

SLCU Annual Report

Attached is the SLCU reports associated with the Top 10 DEA Unmet Needs. It includes info on the top 10 unmet needs for the FY'08 1st quarter and the associated "expenditure" reports from DEA and IDPH. If we receive the report from DHS in advance of the meeting, I'll send it to you.

Iowa Department of Elder Affairs Senior Living Program (SLP)

Unmet Needs Report

1st Quarter SFY 2008

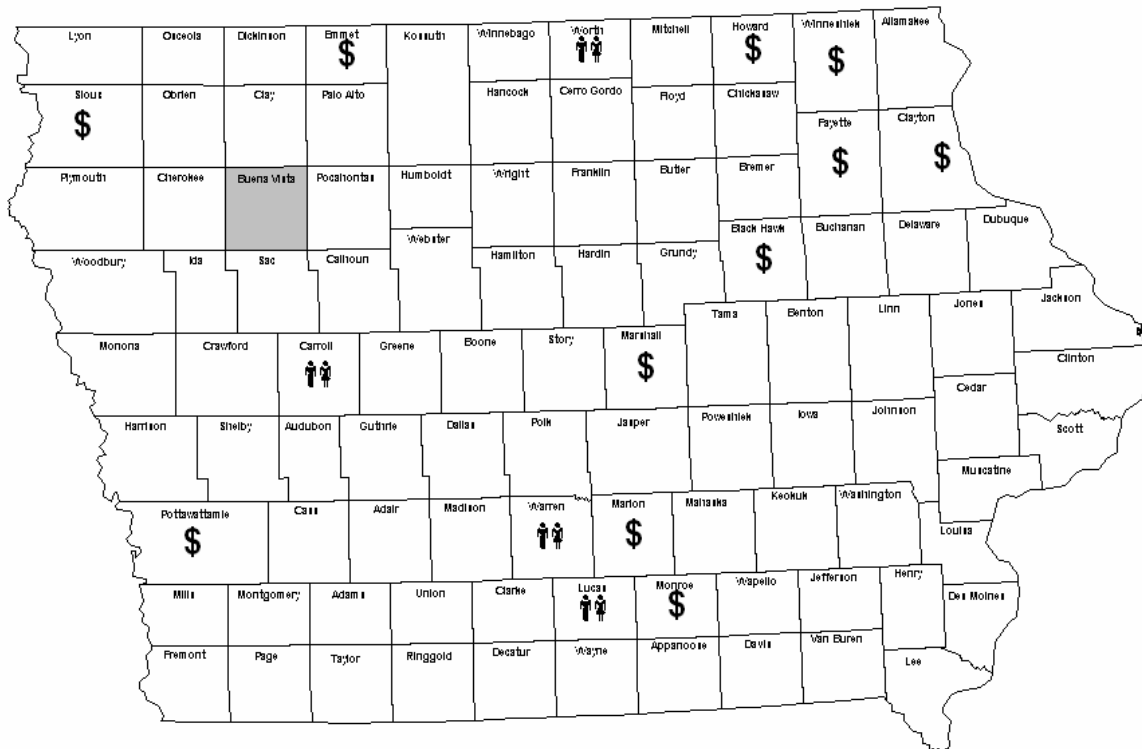
July 2007 – Sept 2007

Highlight indicates the Top 10 Unmet needs

<u>Service</u>	<u>Contacts</u>	<u>Rank</u>
Homemaker	208	1
Visiting	207	2
Health WEC	166	3
Chore	126	4
Transportation	108	5
Respite	92	6
Adult Daycare	69	7
Emergency Response System	69	8
Personal Care	66	9
Home Delivered Meals	47	10
Assisted Transportation	39	11
Legal Assistance	16	12
Preventive Health Promotion	12	13
Home Repair	10	14
Mental Health Outreach	6	15
Medication Management	3	16
Reassurance	3	17
Case Management	1	18
Congregate Meals	1	19
Material Aide	1	20

Iowa Department of Elder Affairs Senior Living Program (SLP) Unmet Needs Report 1st Quarter SFY 2008 July 2007 – Sept 2007

Homemaker Contacts: 208



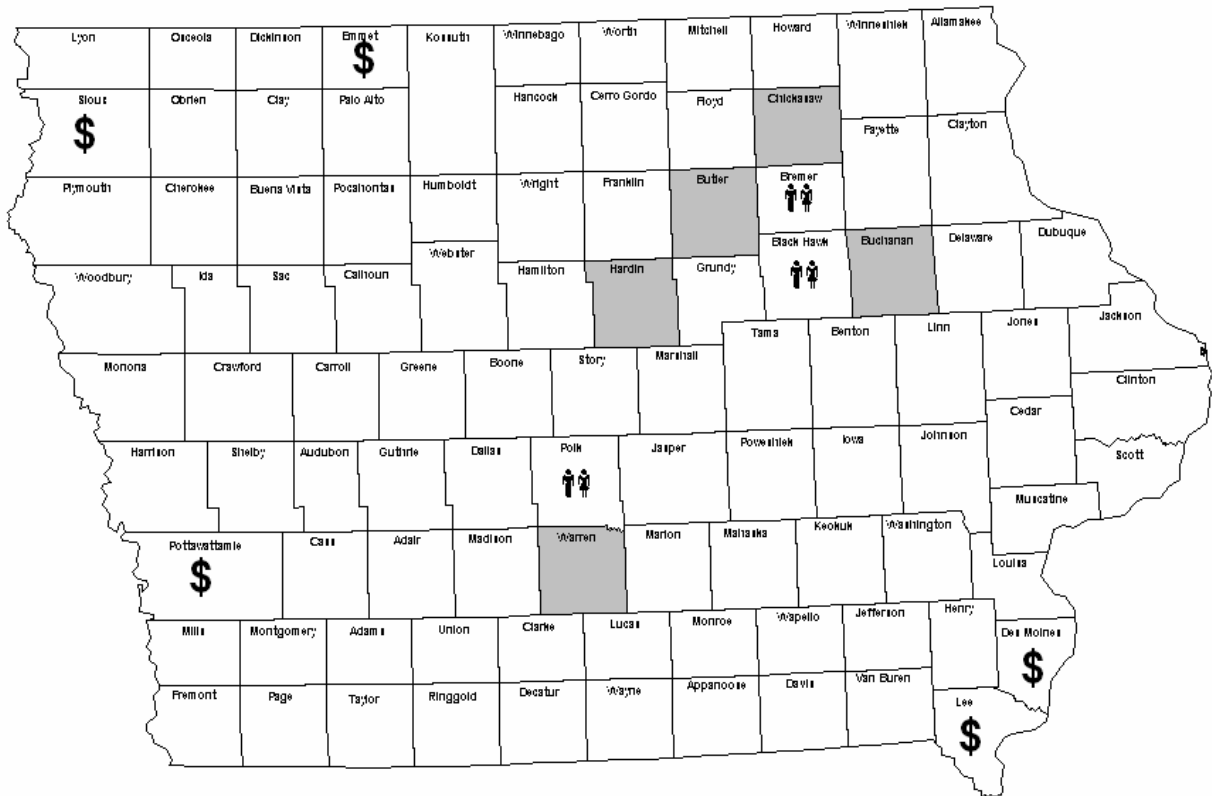
No Provider
 \$ No Funding / Funding Inadequate

 No Staffing

No Provider	No Funding / Funding Inadequate		No Staffing
Buena Vista	Black Hawk	Marshall	Carroll
	Clayton	Monroe	Lucas
	Emmet	Pottawattamie	Warren
	Fayette	Sioux	Worth
	Howard	Winneshiek	
	Marion		
DEA Definition			
Providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living: medication management, preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.			

Iowa Department of Elder Affairs Senior Living Program (SLP) Unmet Needs Report 1st Quarter SFY 2008 July 2007 – Sept 2007

**Visiting
Contacts: 207**

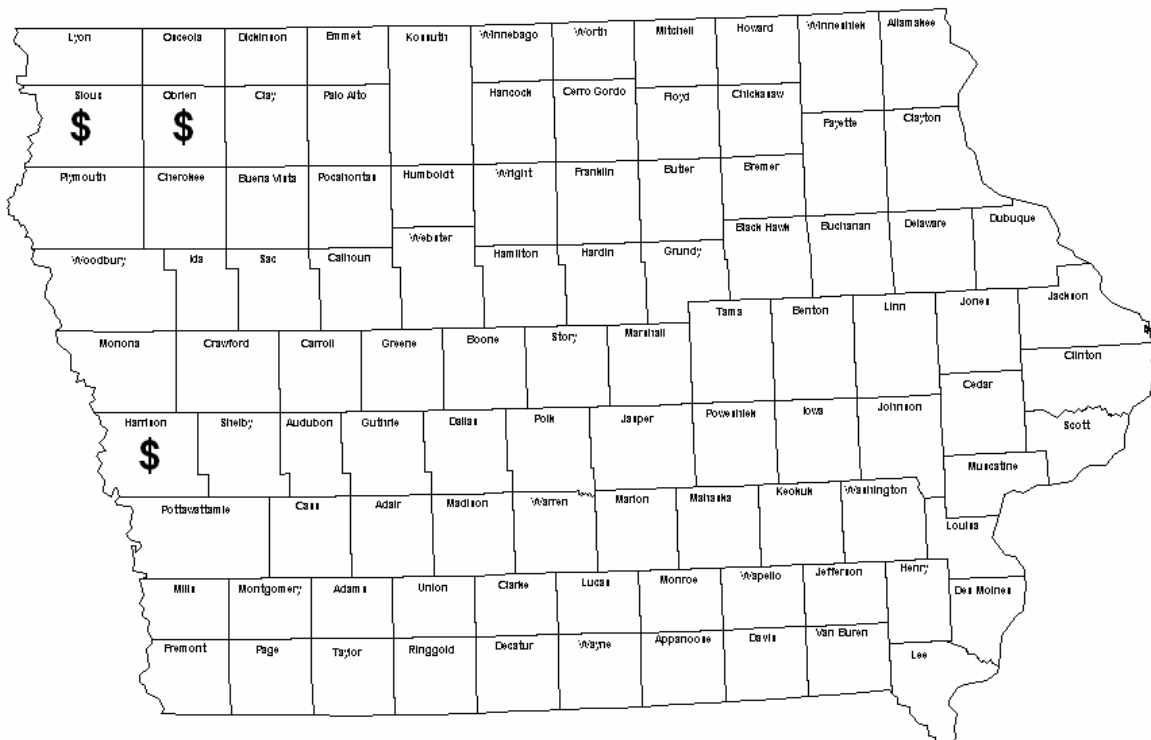


■ No Provider \$ No Funding / Funding Inadequate 👤 No Staffing

No Provider	No Funding / Funding Inadequate	No Staffing
Buchanan Butler Chickasaw Hardin Warren	Des Moines Emmet Lee Pottawattamie Sioux	Black Hawk Bremer Polk
DEA Definition		
Going to see a client in order to comfort or help.		

Iowa Department of Elder Affairs Senior Living Program (SLP) Unmet Needs Report 1st Quarter SFY 2008 July 2007 – Sept 2007

Health WEC
Contacts: 166

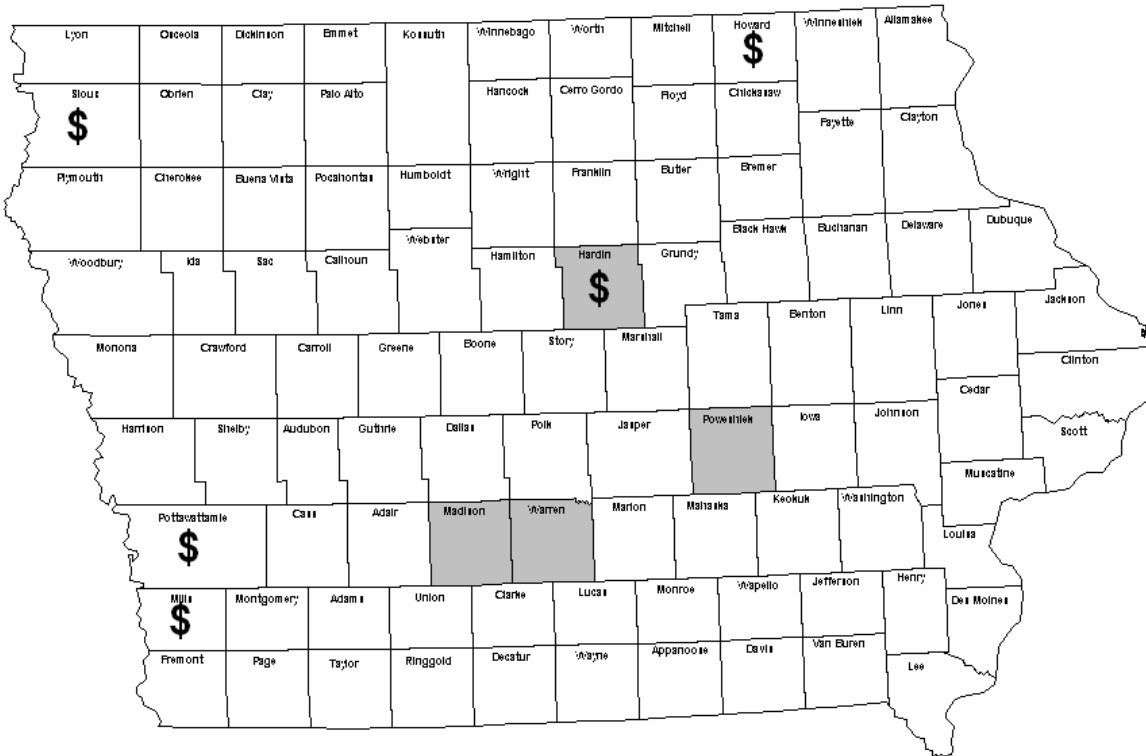


■ No Provider \$ No Funding / Funding Inadequate 👤 No Staffing

No Provider	No Funding / Funding Inadequate	No Staffing
None	Harrison O'Brien Sioux	None
DEA Definition		
Administering standard examinations, procedures or tests for the purpose of gathering information about a client to determine need and/or eligibility for health services. Routine health screening for blood pressure, hearing, vision, and diabetes are included. Administering standard examinations, procedures or tests for the purpose of gathering information about a client to determine need and/or eligibility for services. Information collected may include health status, financial status, activities of daily living, etc. Pre-nursing home admissions screening as well as routine health screening (blood pressure, hearing, vision, diabetes) are included.		

Iowa Department of Elder Affairs
Senior Living Program (SLP)
Unmet Needs Report
1st Quarter SFY 2008
July 2007 – Sept 2007

Chore
Contacts: 126

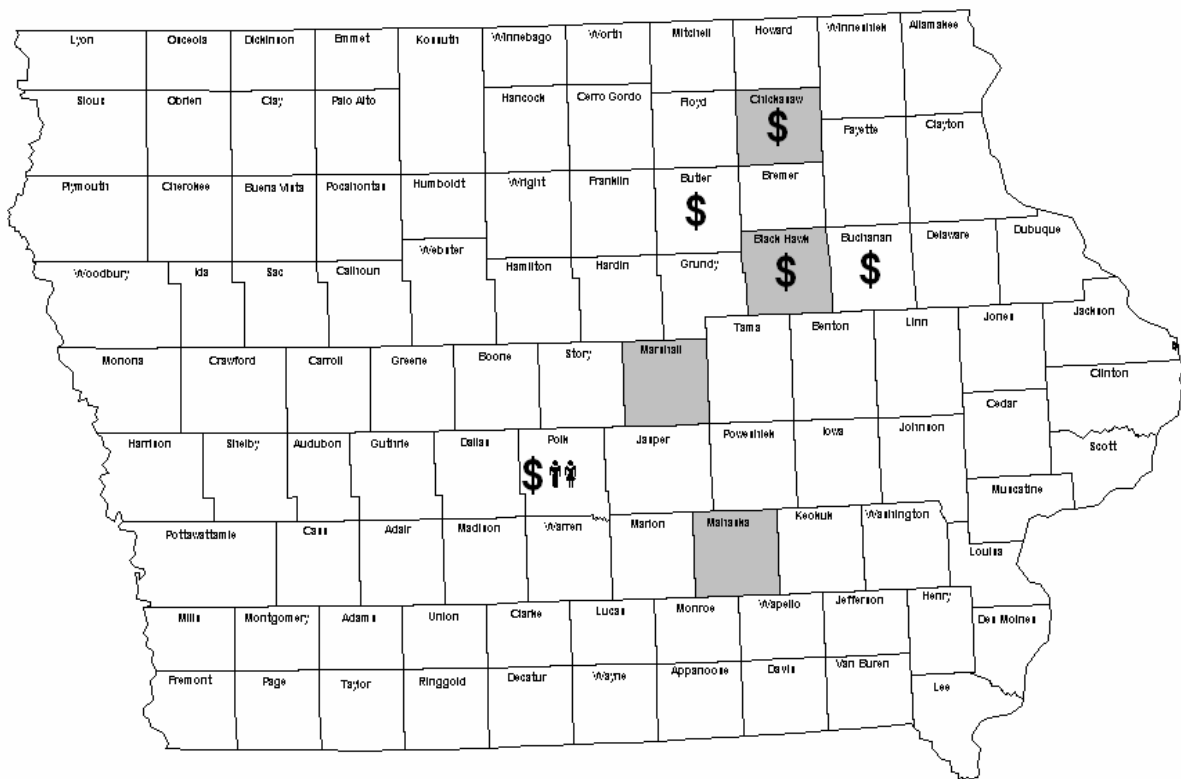


■ No Provider \$ No Funding / Funding Inadequate 👤 No Staffing

No Provider	No Funding / Funding Inadequate	No Staffing
Hardin Madison Poweshiek Warren	Hardin Howard Mills Pottawattamie Sioux	None
DEA Definition		
Providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work, or sidewalk maintenance.		

Iowa Department of Elder Affairs Senior Living Program (SLP) Unmet Needs Report 1st Quarter SFY 2008 July 2007 – Sept 2007

Transportation Contacts: 108

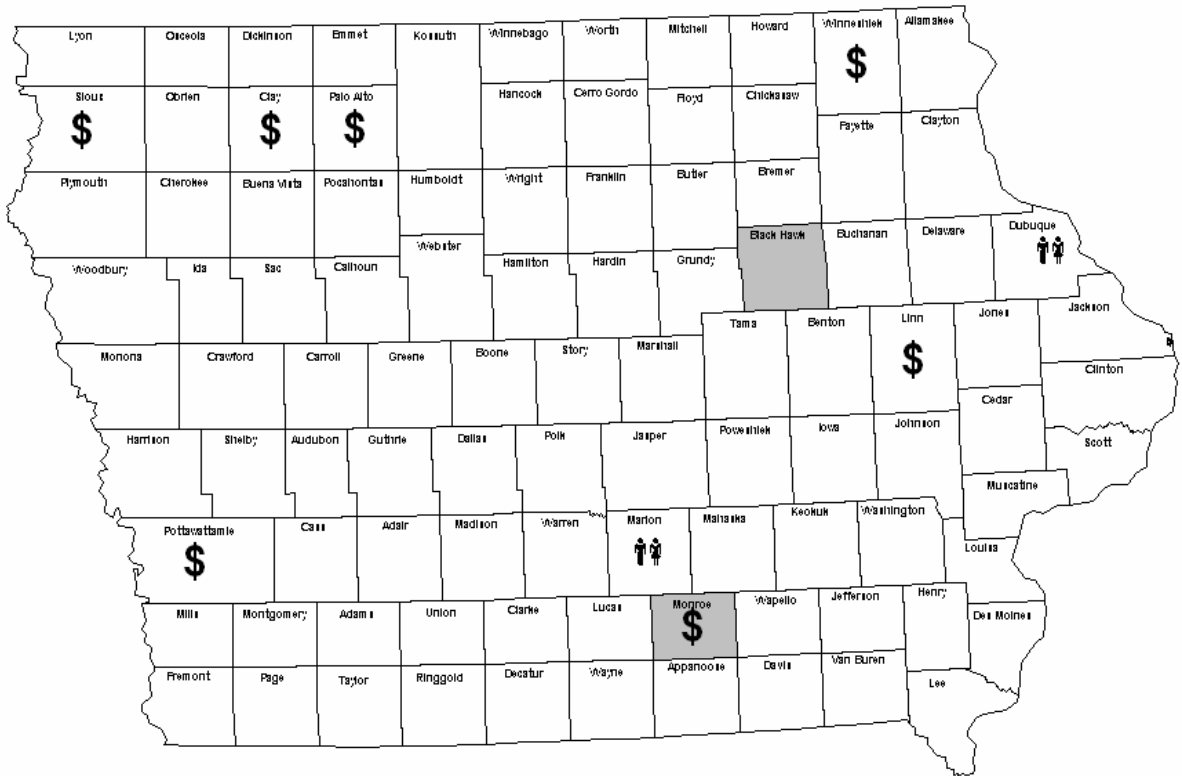


■ No Provider \$ No Funding / Funding Inadequate 👤 No Staffing

No Provider	No Funding / Funding Inadequate	No Staffing
Black Hawk Chickasaw Mahaska Marshall	Black Hawk Buchanan Butler Chickasaw Polk	Polk
DEA Definition		
Provision of a means of transportation for a person who requires help in going from one location to another, using a vehicle. Provision of a means of going from one location to another location. Does not include any other activity.		

Iowa Department of Elder Affairs
Senior Living Program (SLP)
Unmet Needs Report
1st Quarter SFY 2008
July 2007 – Sept 2007

Respite
Contacts: 92

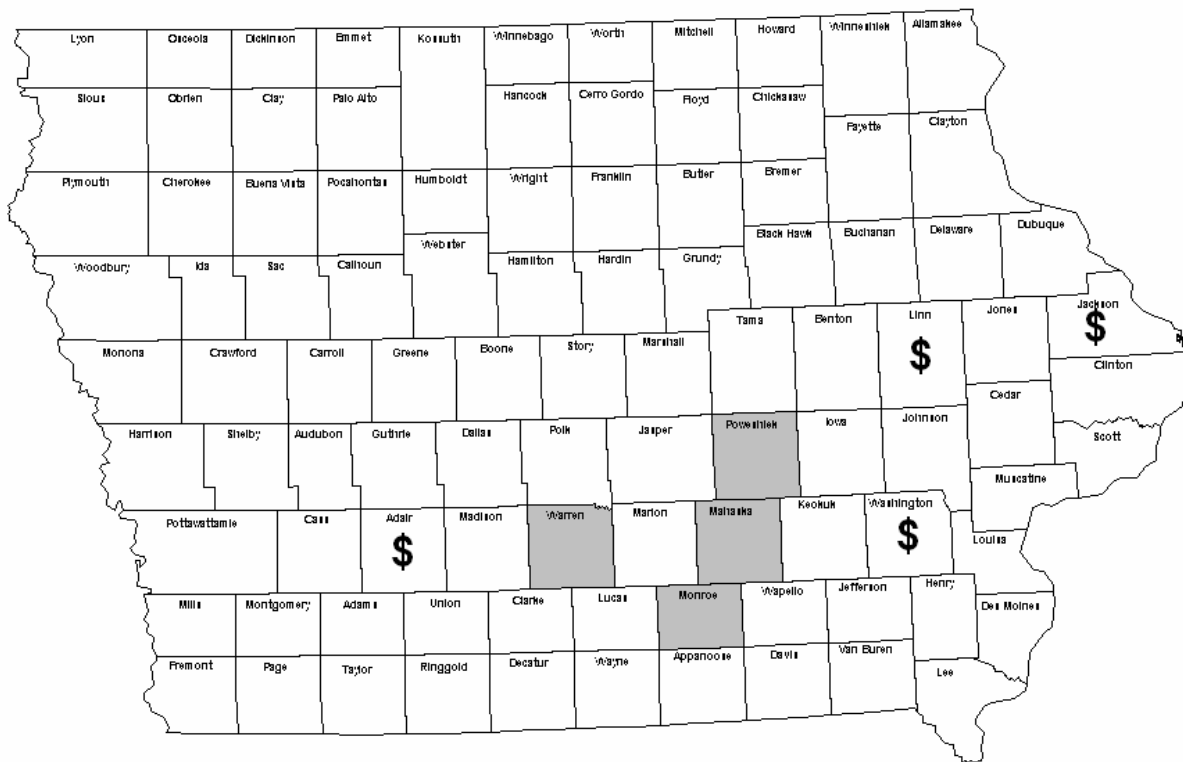


■ No Provider \$ No Funding / Funding Inadequate 👤 No Staffing

No Provider	No Funding / Funding Inadequate	No Staffing
Black Hawk Monroe	Clay Linn Monroe Palo Alto Pottawattamie Sioux Winneshiek	Dubuque Marion
DEA Definition		
Service which offers temporary, substitute supports or living arrangements for older persons in order to provide a brief period of relief or rest for family members or other caregivers.		

Iowa Department of Elder Affairs Senior Living Program (SLP) Unmet Needs Report 1st Quarter SFY 2008 July 2007 – Sept 2007

Adult Daycare Contacts: 69

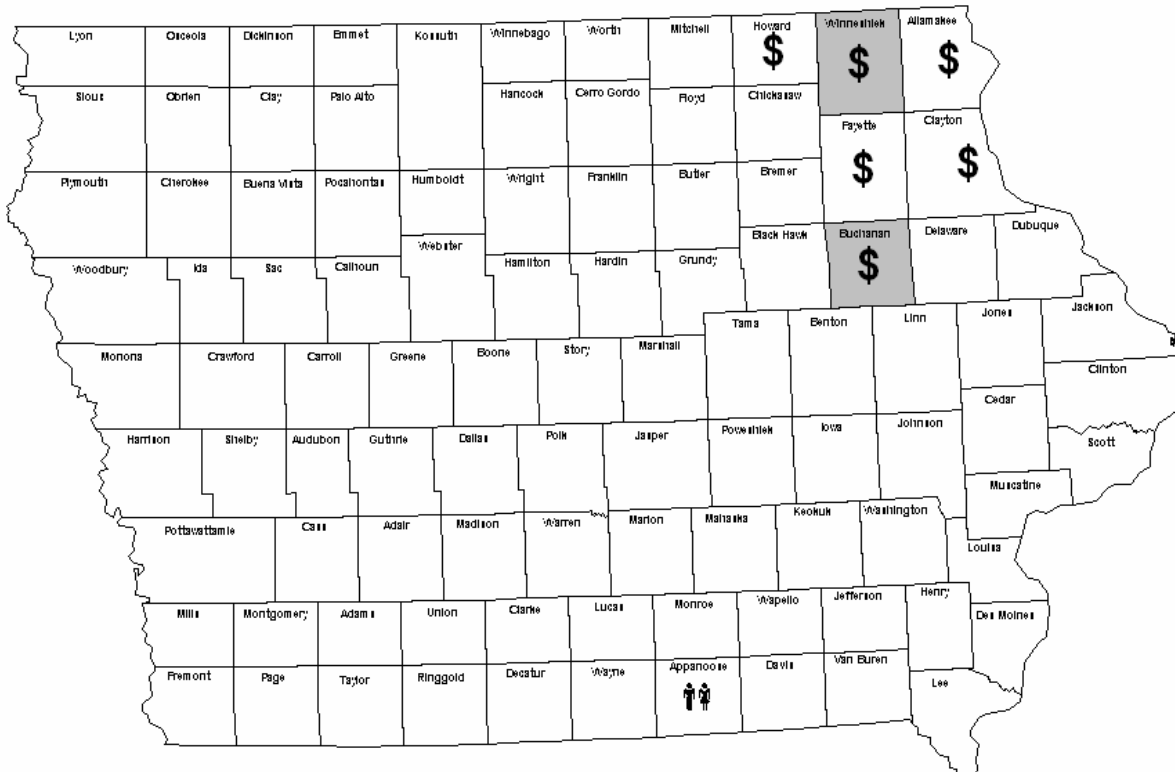


■ No Provider \$ No Funding / Funding Inadequate 👤 No Staffing

No Provider	No Funding / Funding Inadequate	No Staffing
Mahaska Monroe Poweshiek Warren	Adair Jackson Linn Washington	None
DEA Definition		
Provision of personal care for dependent adults in a supervised, protective, congregate setting during some portion of a twenty-four hour day. Services offered in conjunction of adult day care/adult day health typically include social and recreational activities, training, and counseling, meals for adult day care and services such as rehabilitation, medications assistance, and home health aide services for adult day health.		

Iowa Department of Elder Affairs
Senior Living Program (SLP)
Unmet Needs Report
1st Quarter SFY 2008
July 2007 – Sept 2007

Emergency Response System
Contacts: 69



■ No Provider \$ No Funding / Funding Inadequate 👤 No Staffing

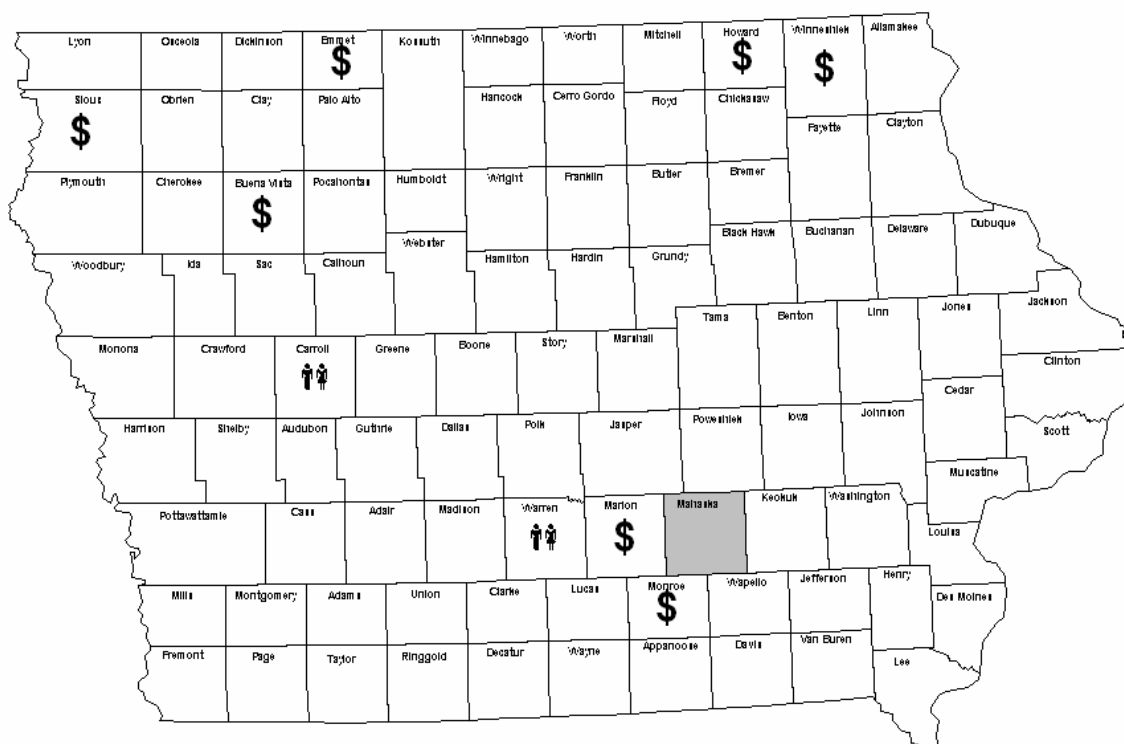
No Provider	No Funding / Funding Inadequate	No Staffing
Buchanan Winneshiek	Allamakee Buchanan Clayton Fayette Howard Winneshiek	Appanoose
DEA Definition		
Telephonic or other electronic service system that alerts first responders in the event of an emergency.		

SLCU Annual Report

Iowa Department of Elder Affairs
Senior Living Program (SLP)
Unmet Needs Report
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July 2007 – Sept 2007

Personal Care

Contacts: 66

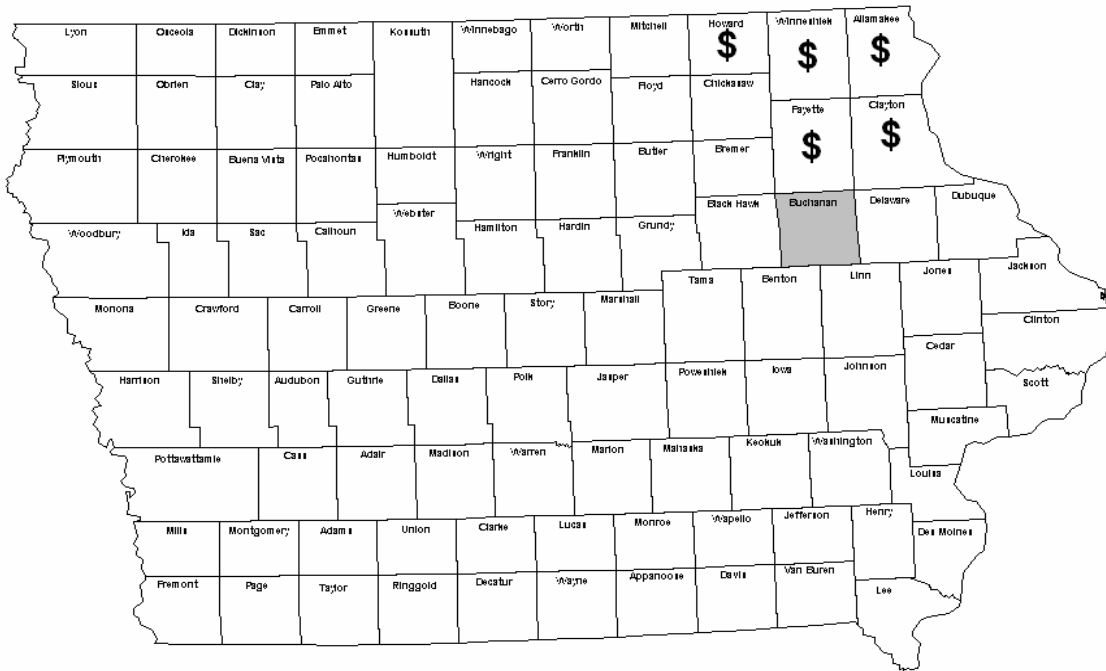


 No Provider No Funding / Funding Inadequate No Staffing

No Provider	No Funding / Funding Inadequate	No Staffing
Mahaska	Buena Vista Emmet Howard Marion Monroe Sioux Winneshiek	Carroll Warren
<p align="center">DEA Definition</p> <p>Providing personal assistance, stand by assistance, supervision or cues for persons having difficulties with one or more of the following activities of daily living: eating, dressing, bathing, toileting, and transferring in and out of bed.</p>		

Iowa Department of Elder Affairs
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Unmet Needs Report
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Home Delivered Meals
Contacts: 47



■ No Provider \$ No Funding / Funding Inadequate 👤 No Staffing

No Provider	No Funding / Funding Inadequate	No Staffing
Buchanan	Allamakee Clayton Fayette Howard Mills Page Polk Winneshiek	None

DEA Definition

Provision to an eligible client or other eligible participant at the client's place of residence, a meal which: (a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture; (b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily recommended dietary allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy Sciences; (c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily RDA, although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and (d) provides, if three meals are served, together, 100 percent of the current daily RDA, although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second and third meals shall be balanced and proportional in calories and nutrients.

SLCU Annual Report

LOOKING AHEAD

During 2008, the Senior Living Coordinating Unit will pursue opportunities to improve coordination of services for older Iowans and track progress toward the goals expressed in the Long Range Plan for Long-Term Care using the new tracking matrix and selective service report as tools. The tracking matrix will also allow the Unit to identify gaps in services as a supplement to the bi-monthly Unmet Needs Report, which continues to report that older Iowans are pursuing services at a rate that outstrips the ability of the various federal, state, and local programs to provide them. On this matter, the 83rd General Assembly will inherit a tremendous challenge regarding funding in order to improve access to services that help Iowans remain independent as they age. To that end, the Unit will dedicate itself to developing meaningful recommendations for public policy solutions to those problems.

The Unit plans to meet January 18 (rescheduled to February 1), and in the months of March, May, July, September, and November. The Unit will request proposals for recommendations at its July meeting and finalize them at the November meeting, so that the recommendations are included in the Annual Report.

The Senior Living Coordinating Unit extends its thanks to partners in state government and in the private sector. The Unit also thanks the Governor Culver, Lt. Governor Judge, and Iowa General Assembly for their ongoing dedication and support for programs that help Iowans remain healthy and independent as they age.